

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
ETHEL LINDA BRADY,

Plaintiff,

-against-

THE CITY OF NEW YORK, NEW YORK CITY POLICE
DEPARTMENT and SERGEANT CHRIS LAWRENCE,

Defendants.
-----X

Index No.:
Date Purchased:

VERIFIED COMPLAINT

Plaintiff, by her attorneys, **THE YANKOWITZ LAW FIRM, P.C.** complaining of the Defendants, respectfully alleges, upon information and belief:

1. At all times herein mentioned, Plaintiff **ETHEL LINDA BRADY** was, and still is, a resident of the County of New York, State of New York.

2. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** was, and still is, a resident of the City and State of New York.

3. That this action falls within one or more of the exceptions set forth in CPLR §1602.

4. That on March 20, 2014, and at all times herein mentioned Defendant **THE CITY OF NEW YORK** was, and still is, a municipal corporation.

5. That on March 20, 2014, and at all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT**, was and still is a Department, Agency and/or Division of the defendant **CITY OF NEW YORK**, a municipal corporation duly authorized and existing under and by virtue of the laws of the State of New York.

6. That prior hereto, on May 5, 2014, and within the time prescribed by law, a sworn Notice of Claim stating, among other things, the time when and place where the injuries and damages were sustained, together with Plaintiff's demands for adjustment thereof, was duly served on the Plaintiff's behalf on **THE CITY OF NEW YORK & NEW YORK CITY POLICE DEPARTMENT** and that, thereafter, said Defendants refused or neglected for more than thirty (30)

days, and up to the commencement of this action to make any adjustment or payment thereof, and that thereafter, and within the time provided by law, this action was commenced. (A copy of the Notice of Claim is annexed hereto and incorporated herein by reference).

7. That on December 10, 2014, pursuant to General Municipal Law 50-H, the Plaintiff testified at a hearing held at the Office of the Comptroller or at the office of a designated agent.

8. That this action is being commenced within one year and ninety days after accrual of this cause of action, or within the time allowed by law.

9. At all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT** was the owner of a motor vehicle bearing New York State registration number FPA2251.

10. At all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT** its agents, servants and/or employees, operated of a motor vehicle bearing New York State registration number FPA2251.

11. At all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT** its agents, servants and/or employees, managed of a motor vehicle bearing New York State registration number FPA2251.

12. At all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT** its agents, servants and/or employees, maintained of a motor vehicle bearing New York State registration number FPA2251.

13. At all times herein mentioned, Defendant **THE NEW YORK CITY POLICE DEPARTMENT** its agents, servants and/or employees, controlled of a motor vehicle bearing New York State registration number FPA2251.

14. At all times herein mentioned, Defendant **THE CITY OF NEW YORK** was the owner of a motor vehicle bearing New York State registration number FPA2251.

15. At all times herein mentioned, Defendant **THE CITY OF NEW YORK** its agents, servants and/or employees operated of a motor vehicle bearing New York State registration number FPA2251.

16. At all times herein mentioned, Defendant **THE CITY OF NEW YORK** its agents, servants and/or employees, managed of a motor vehicle bearing New York State registration number FPA2251.

17. At all times herein mentioned, Defendant **THE CITY OF NEW YORK** its agents, servants and/or employees, maintained of a motor vehicle bearing New York State registration number FPA2251.

18. At all times herein mentioned, Defendant **THE CITY OF NEW YORK** its agents, servants and/or employees, controlled a motor vehicle bearing New York State registration number FPA2251.

19. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** operated the aforesaid motor vehicle bearing New York State registration number FPA2251.

20. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** operated the motor vehicle with the permission of Defendants **THE CITY OF NEW YORK AND/OR THE NEW YORK CITY POLICE DEPARTMENT.**

21. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** operated the aforementioned motor vehicle with the knowledge of the Defendants **THE CITY OF NEW YORK AND/OR THE NEW YORK CITY POLICE DEPARTMENT.**

22. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** operated the aforementioned motor vehicle with the consent of the Defendants **THE CITY OF NEW YORK AND/OR THE NEW YORK CITY POLICE DEPARTMENT.**

23. At all times herein mentioned, Defendant **SERGEANT CHRIS LAWRENCE** operated the aforementioned motor vehicle within the scope of his employment with the Defendants **THE CITY OF NEW YORK AND/OR THE NEW YORK CITY POLICE DEPARTMENT.**

24. At all times herein mentioned, Plaintiff **ETHEL LINDA BRADY** was a passenger in a vehicle bearing New York State registration number GKF1415.

25. At all times herein mentioned the streets located in front of and near 365 West 125th Street, New York, New York, were public roadways and/or thoroughfares (see Police Report annexed to the Notice of Claim).

26. That on March 20, 2014, at the aforementioned location, the defendants' aforesaid motor vehicle struck and came into contact with the aforesaid motor vehicle in which Plaintiff **ETHEL LINDA BRADY** was a passenger.

27. That as a result of the aforesaid contact, Plaintiff **ETHEL LINDA BRADY** was seriously injured.

28. That the aforesaid occurrence was caused wholly and solely by reason of the negligence of the Defendants without any fault or negligence on the part of the Plaintiff contributing thereto.

29. That Defendants were negligent, careless and reckless in the ownership, operation, management, maintenance, supervision, use and control of their aforesaid vehicle; and the Defendants were otherwise negligent, careless and reckless under the circumstances then and there prevailing.

30. That by reason of the foregoing, Plaintiff **ETHEL LINDA BRADY** sustained severe and permanent personal injuries; and Plaintiff **ETHEL LINDA BRADY** was otherwise damaged.

31. That Plaintiff **ETHEL LINDA BRADY** sustained serious injuries as defined by §5102(d) of the Insurance Law of the State of New York.

32. That Plaintiff **ETHEL LINDA BRADY** sustained serious injuries and economic loss greater than basic economic loss as defined by §5104 of the Insurance Law of the State of New York.

33. That by reason of the foregoing and the negligence of the said defendants, this plaintiff sustained serious, severe, and permanent injuries to her head, limbs and body, still suffers and will continue to suffer for some time, great physical and mental pain and serious

bodily injury; became sick, sore, lame and disabled and so remained for a considerable length of time.

34. That by reason of the wrongful, negligent and unlawful actions of the defendants, as aforesaid, the plaintiff, **ETHEL LINDA BRADY**, sustained serious injuries as defined in the Insurance Law of the State of New York, and has sustained economic loss greater than basic economic loss as defined in said Insurance Law.

35. That by reason of the foregoing and the negligence of the said defendants, this plaintiff, **ETHEL LINDA BRADY**, is informed and verily believes her aforesaid injuries are permanent and he will permanently suffer from the effects of his aforesaid injuries and she will be caused to suffer permanent embarrassment and continuous pain and inconvenience.

36. That by reason of the foregoing, this plaintiff, **ETHEL LINDA BRADY**, was compelled and did necessarily require medical aid and attention and did necessarily pay and become liable therefore, for medicines and upon information and belief, the plaintiff, **ETHEL LINDA BRADY**, will necessarily incur similar expenses.

37. That by reason of the foregoing, the plaintiff, **ETHEL LINDA BRADY**, has been unable to attend to his usual occupation and avocation in the manner required.

38. That by reason of the culpable conduct and wrongful, negligent and unlawful actions of the defendants, as aforesaid, the plaintiff, **ETHEL LINDA BRADY**, was severely injured, bruised and wounded, suffered, still suffers, and will continue to suffer for some time great physical pain and great bodily injuries and became sick, sore, lame and disabled and so remained for a considerable length of time.

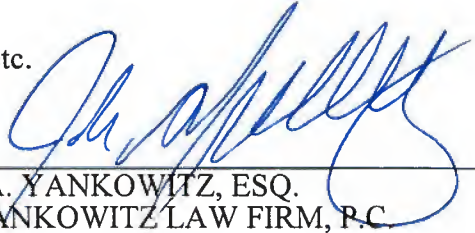
39. That by reason of the foregoing Plaintiff **ETHEL LINDA BRADY** has been damaged in a sum that exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

WHEREFORE, Plaintiff(s) demand(s) judgment against the Defendants herein, in a sum exceeding the jurisdictional limits of all lower courts which would otherwise have

jurisdiction, together with the costs and disbursements of this action.

Dated: Great Neck, New York
May 8, 2015

Yours, etc.



JACK A. YANKOWITZ, ESQ.
THE YANKOWITZ LAW FIRM, P.C.
Attorneys for Plaintiff(s)
ETHEL LINDA BRADY
175 East Shore Road
Great Neck, New York 11023
(516) 622-6200
Our File No. 7780 -14

NOTICE OF CLAIM

-----X
In the Matter of the Claim of

ETHEL LINDA BRADY

- against -

THE CITY OF NEW YORK,
NEW YORK CITY POLICE DEPARTMENT and
SERGEANT CHRIS LAWRENCE
-----X

CITY OF N.Y. LAW DEPT.
OFFICE OF CORP. COUNSEL
COMMUNICATIONS UNIT
2014 MAY -5 AM 10:45

TO: The Comptroller of the City of New York
Municipal Building • New York, New York 10007
and
100 Church Street, New York, New York

NEW YORK CITY POLICE DEPARTMENT
SERGEANT CHRIS LAWRENCE
1 Police Plaza
New York, NY 10013

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demands against you as follows:

1. Name and post office address of each claimant and claimants' attorneys is:

Claimant
ETHEL LINDA BRADY


Attorney
THE YANKOWITZ LAW FIRM, P.C.
175 East Shore Road
Great Neck, New York 11023
(516) 622-6200

CITY OF N.Y. LAW DEPT.
OFFICE OF CORP. COUNSEL
COMMUNICATIONS UNIT
2014 MAY -5 AM 10:45

2. Nature of Claim: The nature of the claim is for severe and permanent personal injuries sustained by ETHEL LINDA BRADY and all other damages allowed by statute and case law as a result of the negligence, carelessness, recklessness and gross negligence of the CITY OF NEW YORK, NEW YORK CITY POLICE DEPARTMENT AND SERGEANT CHRIS LAWRENCE, their agents, servants, employees and those acting under its direction, behest, permission and control in the ownership, operation, management and control of a certain motor vehicle bearing New York State plate # FPA2251.

3. The time when, the place where and the manner in which the claim arose: The accident occurred on March 20, 2014 at approximately 4:25PM in front of and/or near 365 West 125th Street, County of New York, City of New York, State of New York. At the aforesaid time, date and place claimant ETHEL LINDA BRADY was a passenger in a stopped vehicle owned and operated by Shanique I. Hendricks, bearing New York State plate number GKF1415, which was violently struck by the aforesaid motor vehicle owned by the CITY OF NEW YORK and/or NEW YORK CITY POLICE DEPARTMENT and operated by sergeant CHRIS LAWRENCE their agent, servant and/or employee bearing New York State plate # FPA2251. (The New York City Police Department accident report is annexed hereto and made a part hereof). As a result of said collision the claimant ETHEL LINDA BRADY was seriously injured. Said occurrence and the injuries sustained by claimant were due to the negligence, carelessness and recklessness of the CITY OF NEW YORK, NEW YORK CITY POLICE DEPARTMENT and SERGEANT CHRIS LAWRENCE its agents,

servants and/or employees in the ownership, operation, management, supervision, maintenance and control of their aforesaid motor vehicle; in operating said motor vehicle with a total disregard for the health, safety and welfare of others; in failing to avoid contact with claimant's motor vehicle; in failing to adequately, properly and safely stop their vehicle and place it into "park" before leaving and exiting the vehicle; in failing to timely utilize brakes; in causing, permitting and allowing their aforesaid vehicle to strike/collide into claimant's vehicle; in operating said motor vehicle at a fast and excessive rate of speed; in failing to adequately and properly supervise the operator of said motor vehicle; in failing to properly and adequately instruct the driver of said motor vehicle; in failing to instruct the driver of said motor vehicle as to the proper practices and procedures in the operation of said motor vehicle; in having negligent and improper hiring practices; in failing to properly investigate employees and potential employees; and THE CITY OF NEW YORK, NEW YORK CITY POLICE DEPARTMENT and SERGEANT CHRIS LAWRENCE, its agents, servants, and/or employees were otherwise careless, reckless and negligent. Upon information and belief, the motor vehicle owned by THE CITY OF NEW YORK and/or NEW YORK CITY POLICE DEPARTMENT is identified as a 2012 Ford , bearing New York License Plate # FPA2251. (See Police Report annexed).

4. Claimant, ETHEL LINDA BRADY, sustained multiple, severe permanent personal injuries, the full extent of which are as yet unknown, including but not limited to, upon information and belief, herniated discs at C2-3, C5-6, C6-7 and T3-4 and injuries to her neck, shoulders and extremities. Claim is for personal injuries, hospital, physician and other medical expenses, pain and suffering, loss of quality and/or enjoyment of life, and all other damages to which claimant is entitled by case law and statute.

5. Claimant ETHEL LINDA BRADY has suffered damages in a sum exceeding FIVE MILLION DOLLARS (\$5,000,000.00).

The undersigned, on behalf of the claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: Great Neck, New York
May 2, 2014



JACK A. YANKOWITZ

THE YANKOWITZ LAW FIRM, P.C.
Attorney for Claimant
175 East Shore Road
Great Neck, New York 11023
(516) 829-4300

VERIFICATION

STATE OF NEW YORK }

SS.:

COUNTY OF NASSAU }

JACK A. YANKOWITZ, being duly sworn, deposes and says that deponent is the attorney for the above-named claimant; deponent has read the foregoing NOTICE OF CLAIM and know its contents; the same is true to deponent's knowledge, except as to those matters stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

JACK A. YANKOWITZ

Sworn to before me on
May 2, 2014

NOTARY PUBLIC

ANDREW S. KOENIG
Notary Public, State of New York
No. 01K06043885
Qualified in Nassau County
Certificate Filed in Suffolk County
Commission Expires June 26, 20 14

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

ASD call # 890

Product
Accident No. 188Complaint
Number☐ AMENDED REPORT

Accident Date Month 3 Day 20 Year 2014		Day of Week Thurs		Military Time 1625		No. of Vehicles 4		No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Let Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
RECONSTRUCTED <input type="checkbox"/>																	
VEHICLE 1																	
VEHICLE 2																	
BICYCLIST																	
PEDESTRIAN																	
OTHER PEDESTRIAN																	
VEHICLE 1 - Driver License ID Number																	
State of Lic																	
Driver Name - exactly as printed on license																	
Address (Include Number & Street)																	
City or Town																	
State																	
Zip Code																	
Date of Birth																	
Sex																	
Unlicensed																	
No. of Occupants																	
Public Property Damaged																	
Name - exactly as printed on registration																	
Sex																	
Date of Birth																	
Address (Include Number & Street)																	
City or Town																	
State																	
Zip Code																	
Plate Number																	
State of Reg.																	
Vehicle Year & Make																	
Vehicle Type																	
Ins. Code																	
Ticket/Arrest Number(s)																	
Violation Section(s)																	
Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.																	
Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.																	
Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																	
Rear End Left Turn Right Angle Right Turn Head On																	
1. 2. 3. 4. 5. 6. 7. 8. 9.																	
Side-swipe (same direction) Left Turn Right Turn Side-swipe (opposite)																	
10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.																	
VEHICLE 1 DAMAGE CODES																	
Box 1 - Point of Impact																	
Box 2 - Most Damage																	
Enter up to three more Damage Codes																	
Vehicle By Towed To																	
VEHICLE 2 DAMAGE CODES																	
Box 1 - Point of Impact																	
Box 2 - Most Damage																	
Enter up to three more Damage Codes																	
Vehicle By Towed To																	
VEHICLE DAMAGE CODING:																	
1-13. SEE DIAGRAM ON RIGHT.																	
14. UNDERCARRIAGE 17. DEMOLISHED																	
15. TRAILER 18. NO DAMAGE																	
16. OVERTURNED 19. OTHER																	
Reference Marker																	
Coordinates (if available)																	
Latitude/Northing:																	
Longitude/Easting:																	
Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND																	
Road on which accident occurred 365 West 125 St N.Y. NY																	
(Route Number or Street Name)																	
at 1) intersecting street Morning side Ave + St. Nicholas Avenue																	
(Route Number or Street Name)																	
or 2) _____																	
Feet Miles																	
Milepost Nearest Intersecting Route Number or Street Name																	
Accident Description/Officer's Notes																	
The collision occurred in a police vehicle owned/operated by the New York City Police Department while responding to an emergency situation. Operator of Dept vehicle exited vehicle in order to assist member staff who arrived at an individual residing at the Dept vehicle did not engage in park remain in neutral staying on vehicles 2 & 3																	
Names of all involved																	
Date of Death Only																	
A 1 1 4 46 M - 13 6 - - Sgt Lawrence																	
B 2 1 4 49 M - 13 6 - -																	
C 3 1 4 34 F - 13 6 - -																	
D 3 3 4 58 F 11 12 6 6398 7233 BRADY, Linda																	
E																	
F																	
Officer's Rank and Signature																	
Print Name in Full																	
Tax ID No.																	
NCIC No.																	
Product																	
Post/Sector																	
Reviewing Officer																	
Date/Time Reviewed																	

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name <u>BRADY</u> <u>LEONARD</u> ^{First} M.I.		D Last Name _____ ^{First} M.I.	
Address _____		Address _____	
Date of Birth _____ Month Day Year		Telephone (Area Code) _____ ()	
B Last Name _____ ^{First} M.I.		E Last Name _____ ^{First} M.I.	
Address _____		Address _____	
Date of Birth _____ Month Day Year		Telephone (Area Code) _____ ()	
C Last Name _____ ^{First} M.I.		Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____		Name: _____	
Date of Birth _____ Month Day Year		Shield No. _____	

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____

Expiration Date 3-5-14

VIN _____

Vehicle No. 4 _____

Expiration Date 7/5/14

VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles
(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division
(P.D. vehicle involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency
(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller
(if a City vehicle involved) | <input type="checkbox"/> Personnel Safety Unit
(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____ | |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name _____ Last Name _____		Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones
<input type="checkbox"/> Headlights					

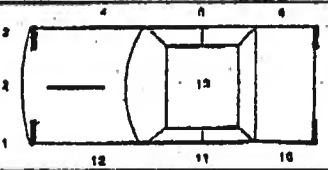
ACTIONS OF POLICE VEHICLE

- | | |
|--|---|
| <input type="checkbox"/> Responding to Code Signal _____ | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) _____ | |

POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

Princt 26
Accident No. 188

Complaint
Number☐ AMENDED REPORT

1	Accident Date Month <u>3</u> Day <u>20</u> Year <u>2014</u>	Day of Week <u>Thurs</u>	Military Time <u>1625</u>	No. of Vehicles <u>4</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
2	VEHICLE 1 VEHICLE 3 - Driver License ID Number Driver Name - exactly as printed on license Address (include City or Town State Zip Code				VEHICLE 2 VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (include Number & Street) City or Town State Zip Code										
3	Date of Birth Month <u>5</u> Day <u>17</u> Year <u>75</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>2</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>5</u> Day <u>17</u> Year <u>75</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>2</u>	Public Property Damaged <input type="checkbox"/>					
4	Name <u>[REDACTED]</u>	Sex <u>M</u>	Date of Birth Month <u>5</u> Day <u>17</u> Year <u>75</u>	Address (include Number & Street) <u>[REDACTED]</u>	City or Town <u>NY</u>	State <u>NY</u>	Zip Code <u>10027</u>								
5	Plate Number <u>N4P-3940</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>96 Toyota</u>	Vehicle Type <u>Pass</u>	Ins. Code <u>639</u>	Plate Number <u>N4P-3940</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>96 Toyota</u>	Vehicle Type <u>Pass</u>	Ins. Code <u>639</u>					
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					ACCIDENT DIAGRAM Rear End Left Turn Right Angle Right Turn Hand On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite)				
8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: <u>365 West 125 St NY NY</u> (Route Number or Street Name) at 1) intersecting street or 2) <u>N S E W</u> of <u>[REDACTED]</u> (Route Number or Street Name)												
10	Accident Description/Officer's Notes <u>vehicle #3 dsl strike vehicle #4 which was unoccupied parked vehicle.</u>														

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														
Officer's Rank and Signature <u>Sgt. [Signature]</u>		Tax ID No. <u>920353</u>		NCIC No. <u>03030</u>		Princt <u>26</u>		Post/Sector		Reviewing Officer <u>[Signature]</u>		Date/Time Reviewed <u>3/25/14</u>		

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name		First	M.I.	D Last Name		First	M.I.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
B Last Name		First	M.I.	E Last Name		First	M.I.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
C Last Name		First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address				Name:			
Date of Birth		Telephone (Area Code)		Shield No.			
Month	Day	Year	()				

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____ Vehicle No. 2 _____

Expiration Date _____ Expiration Date _____

VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured)
 ☒ Motor Transport Division (P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 ☐ Other City Agency (Specify) _____
- ☒ Office of Comptroller (if a City vehicle involved)
 ☒ Personnel Safety Unit (if a P.D. vehicle involved)
 ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (Include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle - Operator's First Name		Last Name		Rank	Shield No.	Tax ID No.	Command
Chris		Lawrence		Sgt	4104	893267	FSD
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command		
BOLD	2012	PAS	FOA 2251	1455	Forearms Support		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input checked="" type="checkbox"/> Turnout Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input checked="" type="checkbox"/> Flashlights	

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____
 ☐ Pursuing Violator
 ☐ Other (Describe) Approaching per R
- ☐ Complying with Station House Directive
 ☒ Routine Patrol

In the Matter of the Claim of

ETHEL LINDA BRADY

- against -

THE CITY OF NEW YORK,
NEW YORK CITY POLICE DEPARTMENT and
SERGEANT CHRIS LAWRENCE

NOTICE OF CLAIM

THE YANKOWITZ LAW FIRM, P.C.

Attorneys for CLAIMANT

175 East Shore Road

Great Neck, New York 11023

(516) 622-6200

TO:

ATTORNEY'S VERIFICATION

JACK A.. YANKOWITZ, ESQ., an attorney duly admitted to practice before the Courts of the State of New York, affirms the following to be true under the penalties of perjury: I am an attorney at THE YANKOWITZ LAW FIRM, P.C., attorneys of record for Plaintiff(s), Ethel Linda Brady. I have read the annexed **COMPLAINT** and know the contents thereof, and the same are true to my knowledge, except those matters therein which are stated to be alleged upon information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon facts, records, and other pertinent information contained in my files.

This verification is made by me because Plaintiff(s) is/are not presently in the county wherein I maintain my offices.

DATED: Great Neck, New York
May 8, 2015



JACK A. YANKOWITZ, ESQ.

Index No.
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

ETHEL LINDA BRADY,

Plaintiff,

-against-

THE CITY OF NEW YORK NEW YORK CITY POLICE
DEPARTMENT and SERGEANT CHRIS LAWRENCE,

Defendants.

SUMMONS AND VERIFIED COMPLAINT

THE YANKOWITZ LAW FIRM, P.C.
Attorneys for PLAINTIFF
175 East Shore Road
Great Neck, New York 11023
(516) 622-6200

TO: